

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213548323				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: WINCHESTER ROYALS, INC. </div> <div style="width: 35%;"> DUE DATE: 12/31/2013 </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JIMMIE L SHIPP 740 SELDON DR WINCHESTER, VA </div> <div style="width: 35%;"> SCC ID NO: 02246098 </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY </div> <div style="width: 35%;"> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>300</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	300
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COMMON	300					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 740 SELDON DRIVE PO BOX 2485 CITY/ST/ZIP: WINCHESTER, VA 22604-5148 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TODD G THOMPSON TITLE: DIRECTOR ADDRESS: 2063 CIDERMILL LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22601 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TODD G THOMPSON TITLE: DIRECTOR ADDRESS: 2063 CIDERMILL LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKIE JONES DIRECTOR 3108 MIDDLE RD WINCHESTER, VA 22602-5102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLINTON E JONES DIRECTOR 3108 MIDDLE RD WINCHESTER, VA 22602-5102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTI LEMIEUX VICE PRESIDENT 106 DELL CT WINCHESTER, VA 22602-7035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES PHILLIPS DIRECTOR 802 WINDER CT WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIMMIE L SHIPP DIRECTOR 740 SELDON DR WINCHESTER, VA 22601-3235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David W Pyne DIRECTOR 222 Walker St Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Karen O Shipp DIRECTOR 740 Seldon Dr Winchester, VA 22601-3235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JIMMIE L SHIPP		JIMMIE L SHIPP, DIRECTOR	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			